

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 041 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Lang

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 6 Months, 7 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } 1032 N. Gay St

Cause of Death, { First (Primary), Second (Immediate), } Bottle fed
Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, June 27, 1887

Undertaker, A. Pink & Sons

Place of Business, 915 N. Gay St Address, 1101 N. Broadway

W. A. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 042 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances Fleich / Sister Brunner
10200 1/2 St. N. B. Ave

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 33 Years, 2 Months, Days

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, School Sister of Notre Dame ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Misconsin

Duration of Residence in the City of Baltimore, Two years

Place of Death, { Give Street and Number. } Convent de Notre Dame 10200 1/2 St.

Cause of Death, { First (Primary), Chronic }
{ Second (Immediate), Ulceration of Bowels }

Duration of Last Sickness, over Two years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus's Church

Date of Burial, June 20th 1887

Undertaker, A. Pinkston Medical Attendant, John F. McManis M. D.

Place of Business, No 913 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below.

Health Department, City of Baltimore.

Permit No. 143 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1887

Full Name of Deceased, Joseph E. Russell { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 30 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, City

Birth Place, City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 227 E. Enoch Ave { Give Street and Number. }

Cause of Death, Cholera Infantum { First (Primary). }
meningitis { Second (Immediate). }

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, June 26th 1887

{ Undertaker, E. Francis M. D. Medical Attendant.

{ Place of Business, 303 & 2 Wolfe Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 2644 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mellie Emery

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 9 mo Years, 0 Months, 0 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } 121 N. Wolfe St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Exhaustion

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, June 26 1887

Undertaker, E. P. Irons M. D.

Place of Business, 270 N. Wolfe St. Address, 1835 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *A 645* Office of Registrar of Vital Statistics. Ward *2*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 25, 1887.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Kunigunde Buttner*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *1* Year, *11* Months, Days

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth.*

Place of Death, { Give Street and Number. } *1802 E. Pratt St.*

Cause of Death, { First (Primary), } *Acute Gastritis.*

{ Second (Immediate), } *Exhaustion.*

Duration of Last Sickness, *Four days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cem.*

Date of Burial, *June 26 1887*

Undertaker, *E. France* *George H. Rohé, M. D.*
Medical Attendant.

Place of Business, *For 15 & Wolfe St.* Address, *611 N. Calvert St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Ward

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *A 647* Office of Registrar of Vital Statistics. Ward *12*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 25 - 1897*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Catherine S. Bell*

Sex, *Male or Female*, Cross out the word not required in this line.

Age, *white* Years, *7* Months, *21* Days

Color, *white*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, *✓*

Birth Place, State or country, and how long in the United States, if of foreign birth. *Baltimore*

Duration of Residence in the City of Baltimore, *during life*

Place of Death, Give Street and Number. *557 Mosley St*

Cause of Death, First (Primary), Second (Immediate), *Cholera infantum*

Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

Date of Burial, *June 27th*

Undertaker, *J. J. Chalvors* *C. Fawcett* M. D. Medical Attendant.

Place of Business, *2041 Penna St* Address, *550 Mosley St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 648 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Robinson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 63 Years, _____ Months, _____ Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, { Give Street and Number. } 58 Hull St / 1400 (New Ave)

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonum
Tubercular Phthisis

Duration of Last Sickness, some years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, June 27th 1887

{ Undertaker, Daniel Flynn } John Morris M. D.

Medical Attendant.

{ Place of Business, 42 E. West St } Address, 5 Tucker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 649 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25 June 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Henry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 Years, 13 Months, Days.

Color, wht

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 327 Preston St near Linden ave

Cause of Death, { First (Primary), Second (Immediate), } Bronchial catarrh
congestion of lungs

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 27/87 G Lane Tanyhill M. D.

{ Undertaker, O. S. Scurran Medical Attendant.

{ Place of Business, 920 Madison Address, 922 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 650 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ethel M. Clay

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 1 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1217 Division St

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give Street and Number. } 1217 Division

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cent

Date of Burial, June 26th 1887

{ Undertaker, J. B. Hughes Medical Attendant, L. B. Pacette M. D.

{ Place of Business, 1408 E. ... Address, 1124 Dr ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]